

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/831596
APPLICANT(S)

FILING DATE

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		2		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15					1	
16						1
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45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	2		2		10	
TOTAL DEP.	14		12		20	
TOTAL CLAIMS	16		14		30	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS